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SECRETARY OF THE AIR FORCE**

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MEDICAL EDUCATION

**MEDICAL SERVICE OFFICER
EDUCATION**

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This instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources*. It establishes policy, assigns responsibilities and prescribes procedures for medical service officer. This instruction applies to all medical service personnel to include Air Force military (active duty Air Force, Air Force Reserve and Air National Guard), Civil Service, contractors and volunteers. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authorities to collect and maintain the records prescribed are Title 10, United States Code (U.S.C.), Sections 133, 2112, 8013, and 8032; 50 U.S.C. 454; and Executive Order 9397 as amended. Forms governed by this instruction include the Privacy Act statement required by AFI 33-332, *Air Force Privacy Act Program*. System of Record Notice F044 AF SG K, Medical Professional Staffing Records, applies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, Management of Records, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF IMT 847, *Recommendation for Change of Publication*; route AF IMT 847s from the field through the appropriate functional's chain of command.

SUMMARY OF CHANGES

This document has been substantially revised and must be reviewed in its entirety. Wording changes have been made throughout the document to enhance clarity. Substantive changes include: Removal of DPAME as initiator of credentialing process for deferred providers (1.11.); Change of AFIT/CIM to AFIT Healthcare Education Division with responsibilities

expanded to include the Armed Forces Health Professions Scholarship Program (1.13.); Responsibilities of Medical Service Officers expanded to include, compliance with academic remediation plans, completion of degree/residency/fellowship educational program in the shortest time necessary, and approval of the application process/school placement by AFIT Healthcare Education Division (1.15.); Sabbaticals as a graduate educational program has been deleted (Section 1E); All references to the Integrated Forecast Board have been replaced with Health Professions Education Requirements Board (Section 1F); Resignation from education or training program includes instruction that MC Officers are not eligible to resign from their training program until minimum requirements for licensure as a physician have been met (1.3.8.); All references to military library have been replaced with Air Force Medical Service Virtual Library (Section 1L); Directors of Medical Education are no longer required to keep a library of educational films, slides, charts (Section 1L); The Professional Education Committee functions have been revised to include the review of all requests for probation, resignation, termination or extension of training for trainees in the education programs overseen by the committee (1.49.); Restriction, suspension, and termination of education status is now coordinated between AFPC/DPAM and the selection Board President (2.1.); Disciplinary action of probation that has been approved by the professional education committee is now considered a reportable action for future credentialing/licensing (2.2.2.3); The Medical Facility Commander responsibility in processing for unsatisfactory progress has changed to reviews the faculty board records, makes a decision on the student's case and notifies the student of an extension decision or of a termination (2.17.); Appeal procedures have been deleted (Section 2C); Military Stability Operations has been added as a medical readiness educational program (3.4.1.6.4); Graduate Dental Education substantial changes (3.14); Education with Industry has been added as a Nurse Corps Education Program (3.17.5.); Medical Service Corps officers requirement to complete 30 hours of continuing education every 3 years if not affiliated with a profession organization has been deleted (4.6.).

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Chapter 1

PROGRAM DESCRIPTIONS.

Section 1A—Mission

1.1. Mission. The mission of the USAF Medical Service is to ensure maximum wartime readiness and combat capability by maintaining the health of Air Force personnel, providing health care to deployed military personnel, and by providing a peacetime health care delivery system for beneficiaries. By developing the knowledge, skills and attitudes of highly qualified medical personnel, educational programs are critical in helping meet this mission

Section 1B—Policy.

1.2. Policy. USAF Medical Service education programs must meet published standards and criteria of their discipline or specialty.

1.3. Accreditation. Air Force medical facilities and other agencies conducting education programs must apply for and maintain accreditation by the national accrediting agency for each program.

1.3.1. Air Force institutions sponsoring accredited programs must ensure that the programs continue to meet accreditation standards and criteria.

1.3.2. Commanders of institutions conducting accredited programs must arrange for representatives of the appropriate accrediting body to make periodic evaluations and site visits.

1.4. Program Evaluation. Sponsors must develop a system for both internal and field evaluations of the education programs.

1.4.1. The facility commander (or designee) sets the schedule for internal evaluations, while the director of medical education (DME) or a person named by the commander keeps records of such evaluations.

1.4.2. Programs must also conduct field evaluations ([attachment 2](#)). Field evaluations are administered to graduates 12-18 months post program completion.

1.4.3. The DME or other designated individual at each facility distributes, collects, and evaluates forms once a year.

1.5. Education at Civilian Institutions. Air Force Medical Service personnel may attend programs at civilian institutions for education only if those institutions and programs meet published standards and criteria. They must be fully accredited by a recognized national accrediting agency acceptable to the Surgeon General (where such an accreditation mechanism exists).

1.6. Policy Document. Air Force institutions sponsoring graduate medical education (GME) programs must develop and maintain a policy document addressing the institution's commitment to providing the resources necessary to support GME as described in the Accreditation Council for Graduate Medical Education (ACGME) institutional requirements. The DME, working with the program directors and the professional education committee, develops this policy, and the commander approves it.

1.7. Correspondence with Civilian Organizations. Medical commanders, DMEs, and program directors may correspond directly with national civilian organizations concerning accreditation of current or proposed education programs conducted in the medical facility and must ensure organization is not under a corporate integrity agreement, or on the IG Sanction List. This correspondence must not alter or circumvent Air Force directives on health education. Correspondence must be recorded in the minutes of the professional education committee.

1.8. Notification on Endangered Programs. Any person or agency with information indicating that a programs accreditation is endangered should forward that information to the appropriate corps office at AFPC/DPAM.

1.9. Duration of Programs. Conduct educational activities, particularly those leading to academic degrees or meeting specialty certification requirements, in the minimum time required to meet educational objectives.

Section 1C—Responsibilities

1.10. USAF/SG:

1.10.1. Approves health education policy.

1.10.2. Designates the health organizations that are to provide health education (on recommendation from AFPC/DPAM).

1.10.3. Through AFPC/DPAM, fully staffs health-teaching facilities with professionals in appropriate specialties.

1.10.4. Emphasizes continuing health education (CHE).

1.11. AFPC/DPAM:

1.11.1. Implements the USAF Surgeon General's policy and monitors education programs.

1.11.2. Distributes quotas and coordinates Corps specific selection boards such as the Joint Services Graduate Medical Education Selection Board to select Medical Service officers to participate in education programs, etc.

1.11.3. Supervises the CHE activities of the Air Force Medical Service, keeps records, and certifies programs that meet standards.

1.11.4. Serves as the point of contact between the Air Force and Civilian accrediting agencies regarding CHE programs that the Air Force certifies.

1.11.5. Creates and maintains education files on Medical Service officers enrolled in long-term education programs.

1.11.6. Recommends to USAF/SG which health institutions should conduct education programs.

1.11.7. Supplies designated health institutions with the professional staff they need to meet their education mission.

1.11.8. Manages and tracks medical or dental officers deferred from active duty and enrolled in health education programs in civilian institutions.

1.12. Major Commands:

1.12.1. Major commands will support medical facilities that are designated to provide formal professional education in accomplishing their mission.

1.12.2. The Air Force Reserve Surgeon (AFRC/SG), Air Reserve Personnel Center Surgeon (ARPC/ SG), and Air National Guard Air Surgeon (ANG/SG) monitor CHE programs and manage United States Air Force Reserve (USAFR) and Air National Guard (ANG) medical personnel.

1.13. AFIT Healthcare Education Division:

1.13.1. Manages assigned officers, funds, and administers tuition, academic travel, and educational expenses for graduate health education programs in civilian institutions, Army Facilities, Navy Facilities, or the Uniformed Services University of the Health Sciences (USUHS). The Air Force Medical Service (AFMS) provides funds to Air Force Institute of Technology (AFIT) for tuition, fees, academic/clinical travel, board exams, etc. Funding requirements are driven by annual HPERB approved training requirements.

1.13.2. Manages, funds, and administers attendance at CHE programs in civilian institutions (non-DOD or non-joint DOD-CI sponsored) for all active duty Medical Service officers selected for Air Force Institute of Technology (AFIT) funded courses or symposia. Quota distribution is calculated by determining the percent composition of each Corps in the total AFMS officer end-strength serving in operational tours, multiplied by the total quotas available for the FY. The overall annual distribution is subject to fluctuation due to travel costs, end-strength shifts, and personnel in training programs.

1.13.3. Manages, funds and administers the Armed Forces Health Professions Scholarship Program and Financial Assistance Program (AFHPSP/FAP). The AFMS provides funds to AFIT for tuition, fees and educational expenses. Personnel costs are funded by the Air Force Reserve Command.

1.13.4. Manages, funds and administers the Active Duty Health Professions Loan Repayment Program (ADHPLRP), according to the annual program funding and quotas approved by the Surgeon General.

1.14. Commanders of Medical Facilities and Organizations:

1.14.1. Ensure educational programs meet the standards and criteria of this instruction as well as the standards and guidelines of national accrediting organizations.

1.14.2. Prepare and submit reports and course documentation relating to education programs as specified in this instruction.

1.14.3. Continually review programs and send required reports and evaluations to appropriate corps at AFPC/DPAM.

1.14.4. Provide personnel, funds, supplies, equipment, and facilities needed to accomplish the education mission.

1.14.5. Inform AFPC/DPAM, of significant changes in the number of spaces available in current programs.

1.14.6. Work with the DME to ensure that programs meet standards, including those for certification and accreditation.

1.14.7. Keep appropriate records.

1.14.8. Monitor expenses (by fiscal year) attributable to education programs, including accreditation costs.

1.14.9. Notify USAF/SG and AFPC/DPAM of all accreditation decisions involving their educational programs.

1.15. Medical Service Officers:

1.15.1. Identify their education needs and, as much as possible, attend Air Force educational programs to satisfy those needs.

1.15.2. Maintain the certification and licensure they need to practice their profession or specialty; comply with DoD and AF directives on licensure.

1.15.3. Select the available resources that best support their education plan.

1.15.4. Determine whether the program duration and any associated active duty service commitment is consistent with their personal and professional goals.

1.15.5. Undertake their education program to the best of their ability. Respond to feedback from supervisors on areas for improvement.

1.15.6. Maintain a personal record of all education received, including undergraduate, graduate, postgraduate, residency, fellowship, and continuing, DoD formal, and refresher education.

1.15.7. Make sure that the provider credentials file (PCF) contains a copy of their personal education record.

1.15.8. Comply with the terms of remediation plans designed by the educational program leadership to correct academic deficiencies.

1.15.9. Complete full time sponsored degree/residency/fellowship educational programs in the shortest time necessary to meet the HPERB approved educational requirement.

1.15.10. Understand that if sponsored for full time, funded, tuition-based educational programs in civilian institutions, AFIT Healthcare Education Division must approve the application process/school placement. This ensures that cost considerations, program length, accreditation, and HPERB education requirements are mutually satisfied.

Section 1D—Medical Education Facilities

1.16. Medical Education Facilities. Air Force education programs take place in Air Force or other military medical facilities and in civilian schools. Officers may also be assigned to Army, Navy, or other DoD and civilian locations for required education not available in Air Force facilities.

1.17. Air Force Medical Facilities. Several medical organizations have teaching missions. Each is expected to develop an effective CHE program for assigned personnel. The medical organizations are:

- 1.17.1. The designated USAF medical centers.
- 1.17.2. Certain regional and other medical treatment facilities.
- 1.17.3. The 882nd Training Group.
- 1.17.4. The USAF School of Aerospace Medicine (USAFSAM).

Section 1E—Types of Education Programs.

1.18. Undergraduate Education. Undergraduate programs grant a primary degree and may include a basic professional degree.

1.18.1. Uniformed Services University of the Health Sciences (USUHS). The School of Medicine is a fully accredited medical school. Each year the USAF Medical Corps commissions some of its graduates. See the USUHS catalog and AFI 41-110, *Medical Health Care Professions Scholarship Programs*, for mission requirements and application procedures.

1.18.2. F. Edward Herbert Armed Forces Health Profession Scholarship and Financial Assistance Program (AFHPSP/FAP). The purpose of AFHPSP/FAP is to ensure the Air Force has enough qualified health professionals to meet Air Force requirements. Individuals must meet qualifications set by the Office of the Secretary of Defense (Health Affairs) (OASD/HA). Students accepted by an accredited civilian school inside the United States, Puerto Rico, GDE, or GME programs, in the appropriate disciplines, may apply for Air Force sponsorship. For more information see AFI 41-110.

1.18.3. Air Force Reserve Officer Training Corps (AFROTC). Selected cadets enrolled in AFROTC may be tendered a scholarship to complete undergraduate or graduate programs. These programs prepare cadets to enter the health professions. For additional information on AFROTC sponsorship, see AFROTCI 36-2011 *Special Actions Programs*

1.18.4. Health Professions Scholarship Program for Reserve Components. Incentive programs are available for certain health professionals. For more information, see AFI 41-110.

1.19. Graduate Education. Programs in this category provide specialized education and meet the educational requirements for certification set by a specialty board or other military or civilian authority. An advanced academic degree may be an integral part of the program. Education Training and Course Announcements (ETCA) lists program types, eligibility criteria, and application process.

1.20. Continuing Health Education (CHE) Programs. CHE programs are short term courses or education programs that maintain professional and technical knowledge or teach additional skills that are used by the USAF Medical Service. These programs are intended to refresh officers in various aspects of their professional discipline and inform them of new developments and techniques within their field. The Air Force has a strong commitment to CHE in order to prepare competent personnel for the delivery of excellent patient care. Programs are conducted by USAF/SG, major command surgeons, USAF schools, medical treatment facilities, and civilian organizations.

1.21. Extern and Clerk Programs. Medical organizations may provide extern and clerk programs for AFHPSP students, Air Force Reserve personnel, medical ROTC educational delay students, and USUHS students. Civilian students may participate at the discretion of the commander if a memorandum of understanding has been accomplished between the MTF and the civilian institution (see AFI 41-108, *Training Affiliation Agreements*). Officers attending training under HPSP/FAP sponsorship will not be placed on orders to attend an extern or clerk program outside CONUS, including Hawaii, Alaska, and Puerto Rico, unless they are attending school at that location.

1.22. Officer Exchange Program. To improve the level of care and maintain the professional competence of Medical Service specialists, officers in smaller hospitals may request up to 60 days of permissive TDY (see AFI 36-3003) in a regional hospital or medical center in the practice of their specialty. A similar specialist from the regional hospital or medical center may request 60 days of permissive TDY to the smaller hospital on an exchange basis. These programs must be clearly defined as educational programs in order to qualify. The respective hospital commanders and command surgeons must approve the permissive TDY.

Section 1F—Allocation of Education Positions

1.23. Health Professions Education Requirements Board (HPERB). The USAF Surgeon General or his/her designee will convene a HPERB the spring of each year to determine required officer skill progression training positions for the next training cycle.

1.24. Product Line Champions. The HPERB President will appoint each Product Line (PL) at least one PL Champion. The number and composition of PLs will be determined by USAF/SG1 in sufficient time to allow appointees a minimum of 120 days to prepare for the HPERB. All corps must be represented. In general, PL Champions are appointed USAF/SG consultants in their specialty.

1.25. Training Requests. PL Champions will solicit input from other consultants, GME program directors, MAJCOMs, training facilities and other functional experts as deemed appropriate by the PL Champion. Input from all sources will be summarized in a Training Requirement Worksheet submitted to the appropriate PL Champion. PL Champions will review all submissions and comment as needed. AFPC/DPAM will collect the information for inclusion into the HPERB Forecast Working Book. PL Champions may require additional coordination. All requests for AFIT funding must be coordinated through the AFIT Healthcare Education Division prior to final submission to the HPERB.

1.26. Responsibilities.

1.26.1. AFPC/DPAM will prepare a staffing analysis for each officer AFSC (40C0 exempted), showing gains from training and recruiting; and anticipated losses from retirements, separations, and training. Generally, the staffing analysis begins with the current year data and extends into future fiscal years to at least the impact year (year the trainee re-enters workforce after completing training) unless otherwise specified by USAF/SG1.

1.26.2. USAF/SG1 will determine the maximum number of funded man-years available for the next training cycle and provide such to AFPC/DPAM. DPAM identifies the number of available man years to the HPERB participants prior to the HPERB.

1.27. Skill Progression Training. Includes Graduate Medical Education (GME), Graduate Dental Education (GDE), AFIT graduate education, Education with Industry (EWI), and in-house fellowships to include both clinical and non-clinical. All training must be approved through the HPERB process.

1.28. Selection Boards. All positions will be advertised throughout the AFMS. AFPC/DPAM will conduct selection boards at the direction of the convening authority USAF/SG or DoD Health Affairs (HA). There will be a selection board for each corps. Positions approved at the HPERB will be classified as approved funded, approved unfunded or disapproved. Approved unfunded positions will be prioritized by each corps and utilized by the selection boards if funded man-years are not filled.

1.29. Out-of-Board Actions. Selection boards will only select applicants for specific training programs approved by the HPERB. Change of training programs i.e., MBA to MHA; Orthodontics to Prosthodontics; MSN in Nursing Management to MSN in Anesthesia, must be approved by the HPERB Board President. Additionally, if the requirement is civilian institution based, changes should be reviewed by AFIT Healthcare Education Division. If a critical training requirement is identified after the HPERB, the individual identifying the training requirement will submit a request for training through the appropriate PL Champion, to the appropriate corps representative at AFPC/DPAM. Out of board requests must include projected manning in the specialty for which the training is requested; reason training was not requested at the HPERB; impact if training is delayed for a year; and request for realignment of training man years or a request for additional man years. The appropriate Corps representative at AFPC/DPAM will validate projected manning requirements, coordinate the request with AFIT Healthcare Division if the training requested is managed by AFIT Healthcare Education Division and forward the request to USAF/SG1. USAF/SG1 will determine if training man-years are available and forward the request to the HPERB President. Each level of review/coordination must include a recommendation for approval/disapproval. Training being considered for approval must be added to the previous approved/unfunded list and re-prioritized by the executive committee of the HPERB. The revised approved/unfunded list will be forwarded to the HPERB president for final action. (AFPC/DPAM).

Section IG—Application Procedures

1.30. Air Force Programs. ETCA at site: <https://etca.randolph.af.mil/default1.asp> lists Air Force education programs and courses IAW AFI 36-2201, *Air Force Training Program*. See Education and Training Course Announcements (ETCA) and the AFPC/DPAM Education Selection Board announcement letter for eligibility and application procedures.

1.31. GME Programs. HPERB results, listing GME training opportunities and detailed application instructions are available from AFPC/DPAME on the Physician Education website. <https://kx.afms.mil/afphysicianeducation> The following general guideline applies to all applicants for advanced training: members must have a tour between completion of one training program and entering training a second time. The selection board president may approve waivers after review by the appropriate corps education office.

1.32. GDE Programs. Training opportunities approved by the HPERB are available on the Dental Education website: <https://kx.afms.mil/dce>

Section IH—Selection Procedures.

1.33. Selection Authorities. Selection boards convened under the authority of the USAF Surgeon General fill USAF Medical Service long term education program positions. The Surgeon General will appoint presidents of all selection boards.

1.34. Selection Criteria. Candidates must meet the criteria established by the USAF Surgeon General or DoD (HA), Education and Training Course Announcements, HPERB, and by various national accrediting bodies. Medical officers having an unfavorable information file (UIF) require a command recommendation in order to apply for GME. Dental officers with a UIF are ineligible to apply for GDE.

1.34.1. Candidates must be able to meet the active duty service commitment for GME programs.

1.34.2. The appointed president will convene selection boards.

1.34.3. The board president will appoint his/her board members. Only appointed board members and administrative support staff will be allowed in the boardroom.

1.34.4. Results of the board are confidential and may only be released by AFPC/DPAM after approval of the convening authority.

1.34.5. Deliberations will always remain confidential. Decisions of the board are final.

1.34.5.1. Priority of GME selection is usually given to qualified active duty officers in the workforce.

1.35. Second Residencies. Selection boards may consider applications for second residencies if the candidates are board certified in their primary specialty, have worked in that specialty for five years, and the application is in the best interest of the Air Force (time in specialty can be waived based on needs of the Air Force).

1.36. Revocation of Selection. The selection board president has the authority to revoke selection for an education program for cause at any time.

1.36.1. The unit commander monitors the performance of selected officers until such officers depart for the education program. If the selectee's performance or conduct raises any concern about their ability to perform adequately in the education program or to appropriately represent the Air Force, (to include a failed fitness test) the commander must notify AFPC/DPAM and provide a recommendation on whether the member should enter the education program.

1.36.2. Selectees can be disqualified from entering training based on PCS requirements as outlined AFI 36-2110, *Assignments*, and the ETCA. Officers below the grade of Lt Colonel, deferred for promotion to the next higher grade will have their selection revoked. Officers in the grade of Lt Colonel deferred for promotion to Colonel will be evaluated on a case by case basis to determine if their GME selection will be revoked.

Section II—Service Obligation Incurred for Education Training.

1.37. Service Obligation Incurred for Education Training. Officers participating in Air Force education programs incur an active duty service commitment (ADSC) as specified in AFI 36-2107, *Active Duty Service Commitments*.

Section 1J—Change of Education or Training Program

1.38. Expectation of Program Completion. Once officers have been selected for and placed in a military or civilian education program, they are expected to complete the minimum formal requirements of their program at the same location.

1.39. Resignations. Students must get written approval from the program director or preceptor to resign from an education program. Students who resign are not eligible for further education until after they have served in the workforce for two years. MC Officers are not eligible to resign from their training program until they have met the minimum requirements for licensure as a physician.

1.40. Additional Training. Students must apply for additional training to the appropriate selection board.

1.41. Approving Authority. AFPC/DPAM must approve all changes in education programs. In rare situations where it is in the best interest of the Air Force, AFPC/DPAM may approve a change in the education program during periods when no selection board is convened. However, changes to education and training programs that result in a change to the HPERB approved requirement (i.e. length of training, type of degree, subject or specialty area, etc) must be approved by the HPERB President. The appropriate office within AFPC/DPAM will prepare a position paper with recommendations for approval/disapproval to USAF/ who will coordinate appropriate action with the HPERB President.

1.41.1. Students enrolled in AFIT sponsored civilian, Army, Navy, or other DoD programs must submit written requests through their program director or academic advisor to AFIT Healthcare Division for endorsement to AFPC/DPAM. Students involved with in-house training must submit requests, through their program director and DME, to AFPC/DPAM. Students training in deferred or redeferred status submit requests, through their program director to AFPC/DPAM.

1.42. Residency Closure/Reduction. In the event of a reduction or closure of a program, the residents will be allowed to complete their education or will be assisted in enrolling in an ACGME accredited program in which they can continue their education.

Section 1K—Certificate of Education

1.43. Air Force Programs. When a member successfully completes a graduate professional course, the medical facility issues a certificate approved by the professional education committee.

1.44. Civilian Programs. For Air Force-sponsored physicians completing residencies in civilian programs, program directors complete a certification of scheduled graduation or may provide a residency/fellowship completion certificate.

Section 1L—Director of Medical Education (DME)

1.45. Director of Medical Education (DME). A DME is required for medical facilities which have graduate medical education programs. The medical facility commander appoints in writing a qualified senior officer or civilian to be the DME. The DME reports to the medical facility commander and plans, directs, and coordinates all graduate medical health education programs in the medical facility. These responsibilities do not include patient education.

1.46. DME Responsibilities include:

1.46.1. Develop and implement operational education, training and clinical policies and plans consistent with the Medical Treatment Facility's mission and current practice for all officers education. For programs combined with other military services (i.e., National Capital Consortium, or San Antonio Uniformed Services Health Education Consortium), the duties, processes and responsibilities of the ACGME recognized consortium may be followed. The AF facility DME should ensure that all of the duties outlined in this instruction are appropriately delegated by command if the DME does not have direct oversight.

1.46.1.1. Ensure compliance with Air Force requirements, professional practice standards and accreditation agencies

1.46.1.2. Prepare and maintain records, reports, and operating instructions related to medical education.

1.46.1.3. Communicate training and educational activities as well as patterns, trends, issues and concerns to the Commander and Executive Committee.

1.46.2. Develop and monitor affiliation agreements between the medical facility and civilian facilities, where required, according to AFI 41-108, *Training Affiliation Agreements*.

1.46.3. Oversee a faculty development program to enhance the teaching skills of physician faculty.

1.46.4. Provide primary oversight to all *graduate medical education programs* to include medical residency programs, Phase II officer training (greater than 10 months), and training and education Memorandums of Understanding and collaborate with co-located Reserve Components in order to consolidate and mutually support each others' training requirements as applicable

1.46.4.1. Ensure that the facility education programs are fully integrated and that all professional and support departments, services, and sections fully contribute to the facility's teaching mission.

1.46.4.2. Maintain administrative review, including student rosters, program curricula, and periodic updates on programs conducted.

1.46.4.3. Create a base and facility orientation program for individuals entering graduate professional education programs. Assist all program directors to develop an appropriate orientation.

1.46.4.4. Work with program directors in monitoring student performance and notify the professional education committee of students not performing to program objectives.

1.46.4.5. Budget for in-service examination fees, accreditation fees, board certification fees, and clinical rotation expenses listed in the approved curriculum. GDE programs will submit budgetary requirements to the DME.

1.46.4.6. Track educational costs associated with certification of programs and students in Graduate Professional Education (GPE) to include tracking and processing all paperwork for the payment of fees for accreditation.

1.46.4.7. Receive and review materials on program accreditation and inform the program director, professional education committee, and the commander what must be done to comply with accreditation standards and requirements.

1.46.4.8. Monitor graduate performance on specialty board examinations. GDE programs will monitor as applicable to dental specialty board examination procedures.

1.46.4.9. Keep appropriate education files on each student enrolled in a formal education program, to include:

1.46.4.9.1. Verified copies of certificates of basic qualifying degree.

1.46.4.9.2. Verified copies of applicable license, academic actions, training reports, and other official correspondence pertaining to the student.

1.46.4.10. For students who have completed the program, also maintain:

1.46.4.10.1. A copy of the final training report.

1.46.4.10.2. Certification of program completion.

1.46.4.10.3. A copy of PCS orders.

1.46.4.11. Periodically review or designate someone to review student records.

1.46.4.12. May designate the program director or another responsible official to keep the education record.

1.46.4.13. Review AFI 44-119 for guidance on education record requirements for providers attending residency, fellowship, or other long-term graduate education programs. See AFI 41-105, *Phase II Medical Training and Education*, for guidance on education record requirements for officers and enlisted members in Phase II training programs.

1.46.4.14. Keep the education record as specified in AFI 33-364, *Records Disposition – Procedures and Responsibilities*, and *AF Records Disposition Schedule*. If a student transfers to another program before finishing the original program, transfer the education file to the student's new program director.

1.46.4.15. Transfer provider activity files (PAF) and other documents for graduating or departing students as specified in AFI 44-119.

1.46.4.16. Give graduates of formal education programs certificates approved by the professional education committee. Send one copy to AFIT Coding Section, 2950 Hobson Way, Wright-Patterson AFB, OH 45433-7765. AFIT includes the copy in the academic repository, assigns an academic specialty code and updates the education section of the personnel data system (PDS).

1.46.4.17. Ensure facility-wide access to the AFMS Virtual Library (<https://kx.afms.mil>). If needed, supplement the Virtual Library with resources recommended by the professional education committee and/or staff. GDE leadership will work with DME to ensure dental specific library requirements are available.

1.46.4.18. Supervise subordinate functions as directed by AFPD 41-1, *Health Care Programs and Resources*

Section 1M—Professional Education Committee

1.47. Professional Education Committee. A professional education committee is required at facilities with graduate medical education programs. The medical facility commander appoints a professional education committee. The DME chairs the committee. This committee may appoint subcommittees on physician graduate education and dental graduate education. The respective commander directs this function at the 882nd Training Group and USAFSAM. For programs that fall under one of the consortiums (i.e., National Capital Consortium, or San Antonio Uniformed Services Health Education Consortium), the duties, processes and responsibilities of the ACGME recognized consortium may be followed.

1.48. Functions.

1.48.1. Advises the DME.

1.48.2. Plans and develops all in-house officer educational programs as identified by USAF directives or policies, the facility commander, or facility committees.

1.48.3. Provides a forum for discussion of education activities within the facility and suggests ways to improve all education programs.

1.48.4. Guides the DME on the acquisition and use of equipment and educational facilities.

1.48.5. Supervises and integrates the facility's education programs.

1.48.6. Reviews all requests for probation, resignation, termination or extension of training for trainees in the education programs overseen by the committee, provides recommendations to the DME on the most appropriate course of action for these trainees.

1.49. Membership. Committee membership includes at least one resident nominated by their peers and representatives from the education programs overseen by the committee, which may include the following disciplines:

- 1.49.1. Graduate medical education.
- 1.49.2. Dental.
- 1.49.3. Nursing education.
- 1.49.4. Allied health education.

1.50. Meeting Schedule. The committee should meet at least four times a year. When the agenda includes important matters (such as changes in operating procedures, proposed elimination or reinstatement of students, and changes in program curricula and length), at least 60 percent of the members must be present.

1.51. Meeting Agenda. The committee or a subcommittee regularly reviews student progress and annually reviews and evaluates the program (see [Chapter 2](#) for guidance on restriction, suspension, and termination of education status). Agenda items include:

- 1.51.1. Summary results and recommendations from ACGME mandated institutional reviews and site visits.
- 1.51.2. Resident supervision/work hour issues.
- 1.51.3. Facility support.
- 1.51.4. Specialty board results.
- 1.51.5. Financial Resources/Budget.
- 1.51.6. Communication with MTF leadership.
- 1.51.7. Integration of each program with other programs and missions of the facility. (See Section 1N for additional information on program curriculum format and evaluation.)

1.52. Meeting Minutes. Submit written minutes of all committee meetings to the medical facility commander for review and approval. Recommendations requiring specific action by AFPC/DPAM, require approval from the commander and are forwarded separately through appropriate channels as a specific action request. Such documents should be marked as Quality Assurance Document and are protected under 10 USC 1102. Medical quality assurance records created by or for DoD as part of a medical quality assurance program are confidential and privileged. Do not release without permission of the Medical Group Commander. For further guidance on medical quality assurance and/or risk management, refer to AFI 44-119.

Section 1N—Required Reports and Evaluations

1.53. Required Reports and Evaluations. Health organizations collect information on attendance, critiques, inspections, evaluations, costs, and other factors for use in planning.

1.54. Annual Evaluation. Facilities conducting graduate medical education, including facilities with qualifying programs in psychology, perform an annual evaluation on each program. The evaluation is conducted by the program director with input from faculty, trainees and recent program graduates. The program director sends a summary report on this evaluation, the Annual Evaluation of Medical Training Programs, to the DME and professional education committee.

1.54.1. **Evaluation Review.** The DME and professional education committees review each internal evaluation and attach comments documenting their review.

1.54.2. **Annual Evaluation Requirements.** After review by the DME and professional education committee, the DME sends a copy of the Annual Evaluation of Medical Training Programs for each program, to the Facility Commander.

1.54.3. Annual Evaluation Report Contents.

1.54.3.1. Annual review of the curriculum.

1.54.3.2. Results of all in-service examinations or other evaluations used to assess student progress.

1.54.3.3. Results of field evaluations or other evaluations used to assess the program.

1.54.3.4. Results of board examination for all program graduates.

1.54.3.5. Summarized educational expenses.

1.54.3.6. The program director summarizes the review by:

1.54.3.6.1. Estimating the extent to which the program complies with the curriculum, Air Force regulations, and accreditation requirements.

1.54.3.6.2. Commenting on the program's effectiveness, using field evaluations, board results, and any other studies as criteria.

1.54.3.6.3. Stating any identified problems and action plan for corrections.

Chapter 2

RESTRICTION, SUSPENSION, AND TERMINATION OF EDUCATION STATUS.

Section 2A—Basis for Action

2.1. Basis for Action. AFPC/DPAM, in coordination with the selection Board President, may suspend or withdraw (terminate) USAF Medical Service officers enrolled in health education programs from education status for various reasons: individual request, prolonged absence from the program, unsatisfactory academic progress or performance in the program, disciplinary problems, and other acts or circumstances that warrant release from the program.

2.2. Discretionary Actions.

2.2.1. Policy. The program structure and methodologies of education programs must be flexible. For programs combined with other military services (i.e., National Capital Consortium, or San Antonio Uniformed Services Health Education Consortium), the due process procedures of the ACGME recognized consortium may be followed. The AF facility DME should ensure that the consortium's due process procedures are comparable to this instruction. The program director or DME can often improve student performance before it becomes necessary to extend or terminate training.

2.2.1.1. Counsel and otherwise help students to overcome any deficiencies.

2.2.1.2. Document any discretionary actions taken before going on to more serious actions that could extend or terminate training.

2.2.1.3. Discuss such discretionary actions with the student and document the actions in the student's education record.

2.2.1.4. Inform the DME and, if necessary, the professional education committee, of your discretionary actions.

2.2.2. Types of Discretionary Actions.

2.2.2.1. Limitations. Limitations refer to conditions that you place on a student's educational activities that restrict the types of activities in which a student can participate. The Program Director will determine what type of limitations may be placed on a student.

2.2.2.2. Academic Notice. The Program Director may place students with academic, performance or other deficiencies on academic notice. Give such notice in writing, including the reason for and the terms and duration of the notice. Outline the actions required by the student to correct the problem. Indicate to the student the potential consequences if the problems are not corrected. Academic notice is not considered a reportable action for future credentialing/licensing.

2.2.2.3. Formal Probation. Place students on probationary status on the recommendation of the professional education committee or its subcommittee. The purpose of probation is to impress upon the students the seriousness of their deficiencies and to give the students the opportunity to correct those deficiencies. Probation that has been approved by the

professional education committee is considered a reportable action for future credentialing/licensing.

2.2.2.3.1. Give students written notice of probation, specifying why the probation was imposed and how long it will last. Suggest specific ways to overcome the problem. Develop a written remediation plan. The appropriate office at AFPC/DPAM must be provided a copy of all formal probation documentation.

2.2.2.3.2. The DME may remove probationary status with the concurrence of the professional education committee or its appropriate subcommittee.

2.2.2.4. Other. Take any other actions necessary that affect but are not reasonably expected to delay or terminate the student's education program.

2.3. Administrative or Judicial Action. When beginning or completing administrative or judicial action against a student (e.g., AFI 36-3206, *Administrative Discharge Procedures*, or the Uniform Code of Military Justice (UCMJ)), the Commander will notify AFPC/DPAM. (For ARC, see: AFI 36-3209, Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members). The DME reviews the case to determine whether to also restrict, suspend, or terminate the student's education status until review by the professional education committee.

2.4. Students in Civilian Programs. Send any recommendations to remove the education status of students in civilian programs through AFIT Healthcare Education Division to AFPC/DPAME.

2.4.1. Affiliated Programs. For programs that are closely affiliated with civilian programs (for example, USAF Medical Center Wright-Patterson), the due process procedures of the ACGME recognized program or institution should be followed. The military facility DME should ensure that the sponsoring institutions due process procedures are comparable to this instruction.

2.4.2. A military resident being separated from the military also terminates them from the civilian program.

2.5. Documentation. The DME keeps records of all requirements and actions under this section in the student's education record.

2.6. USAFSAM. Restrict, suspend, or terminate students enrolled in these courses according to the directives of the USAFSAM.

Section 2B—Processing Requests for Resignation

2.7. Processing for Individual Request. The process below applies to students enrolled in Air Force education program. Students in programs outside the Air Force follow similar procedures through AFIT Healthcare Education Division.

2.7.1. Student Request. Students send a written request to the program director for permission to resign from a program.

2.7.2. Request Approval. The program director endorses and forwards the request to the DME. The program director:

2.7.2.1. Recommends approval or disapproval of the request.

2.7.2.2. Recommends an effective date of resignation.

2.7.2.3. Outlines why the student is requesting resignation and whether the student's progress up to that time is satisfactory.

2.7.2.4. Indicates how much completion credit the student has earned.

2.7.2.5. Recommends, at his/her discretion, the student for future education in the same specialty or a different specialty.

2.7.2.6. Gives an information copy of this endorsement to the student, and receives acknowledgment of its receipt from the student.

2.7.2.7. Identifies whether the student is able to provide independent care as a general medical officer or flight surgeon

2.8. Review. The professional education committee reviews the case, recommends approval or disapproval, and forwards it to through the DME to the medical facility commander.

2.9. Commander Review. The medical facility commander either disapproves the request or sends it with a recommendation for approval to AFPC/DPAM (with a copy to the student's major command).

2.10. Final Approval. Resignation becomes effective when AFPC/DPAM approves it.

2.11. Consequences of Resignation. Students who resign from programs required for professional practice in the Air Force (e.g. PGY1 residents who resign prior to meeting licensing requirements) may be involuntarily separated or may have to perform service in an alternate career field. Physicians at PG-2 or above whose resignation is approved or who are terminated from their program will be referred to Physician Utilization for Assignment. Due to the complexities associated with resignation, training programs should contact the appropriate branch of AFPC/DPAM to best inform the trainee of the potential impact of resigning from training.

Section 2C—Processing for Unsatisfactory Progress, Disciplinary Problems, or Other Reasons

2.12. Immediate Restriction or Suspension. If a student's conduct or performance requires immediate action to protect the health or safety of any patient, employee, or other person in the medical facility, the Program Director, DME, or higher authority may summarily restrict or suspend the students patient care activities. If the summary action involves delays or termination of the education program, promptly notify the DME in writing.

2.13. Routine Actions. If counseling or other discretionary actions (see paragraph [2.15](#)) do not resolve an academic, disciplinary, or other problems, notify the program director, DME, and professional education committee.

2.14. Committee Actions. The professional education committee or its appropriate subcommittee reviews the case and sends its recommendations to AFPC/DPAM.

2.14.1. Action to Extend or Terminate Training.

2.14.1.1. Student Notification. Once the DME concurs with the recommendation, the DME notifies the student of the recommendation ([Attachment 3](#)).

2.14.1.2. Review Option. Students who receive notice of recommendation for extension or termination of their education program may request a faculty board review of the recommendation.

2.14.1.2.1. Students send written requests for such reviews to the DME within ten days of receiving the recommendation notice. Extensions may be granted by the DME for compelling reasons.

2.14.1.2.2. If the student fails to request his/her review within the time allowed, or fails to appear at the scheduled faculty board, the student waives the right to a faculty board review.

2.14.1.2.3. Commander Notification. If the student doesn't request or otherwise waives the review, the DME sends the notice of recommended action to the medical facility commander for review and decision.

2.14.1.3. Commander Action.

2.14.1.3.1. If the commander disagrees with the committee recommendation, he or she returns the matter to the professional education committee for further consideration and action according to this instruction.

2.14.1.3.2. If the commander agrees with the recommendation, he or she forwards it to AFPC/DPAM for final approval.

2.15. Impartiality of Reviewers. Student faculty board members and reviewers must be able to make a fair review of the case. Personal acquaintances of the student may serve as board members or reviewers if they are able to meet this requirement. Certain personnel cannot serve on faculty boards or as a reviewing authority for board recommendations about a particular student:

2.15.1. A person such as the DME, program director, or medical facility commander who has taken summary action according to paragraph [2.13](#)

2.15.2. A person who served as an investigating officer in the case.

2.15.3. A person whose testimony or recommendation has played a significant part in initiating the action against the student.

2.16. Faculty Board Composition and Procedures. The purpose of a faculty board is to review the student's academic performance and determine if there are grounds to support the extension or termination decision. It also affords the student the opportunity to speak on his/her own behalf. This section lists guidelines, not requirements. They are not intended to confer substantive rights on a student.

2.16.1. Faculty Board Composition. The medical facility commander appoints in writing qualified officers to serve as members. The faculty board must contain three members who are knowledgeable about the program's academic content.

2.16.2. Faculty Board Procedures. These proceedings are not bound by formal rules of evidence nor a strict procedural format.

2.16.2.1. AFI 51-602, *Boards of Officers*, does not apply to a Faculty Board.

2.16.2.2. Unless the commander designates another person, the senior member of the faculty board serves as chairperson.

2.16.2.3. The chairperson should consult with the DME before conducting the faculty board.

2.16.2.4. The student's program director will present to the board the basis for the extension or termination recommendation.

2.16.2.5. The student will be given the opportunity to present to the faculty board and may question witnesses.

2.16.2.6. The faculty board may question the program director, student, witnesses and examine documents as necessary. 2.16.2.7. The DME will give students at least ten days written notice of faculty board hearings (**Attachment 4**). Include:

2.16.2.6.1. The specific grounds for the faculty board, including dates and pertinent patient records where applicable.

2.16.2.6.2. The date, time and location of the faculty board.

2.16.2.6.3. The students' rights to be in attendance, to speak on their own behalf, and to call witnesses on their behalf. (The students must arrange for the presence of their witnesses.)

2.16.2.6.4. The names of witnesses to be called to testify at the faculty board.

2.16.2.6.5. The students' right to question witnesses.

2.16.2.6.6. The student must acknowledge receipt of this notification letter within three days.

2.16.2.7. The faculty board reviews the evidence presented, including the information presented by the student.

2.16.2.8. The chairperson ensures there is a record of the proceedings.

2.16.2.9. After evidence is presented, the voting members of the faculty board deliberate in secret and decide, by majority vote, what recommendations to make to the medical facility commander. If the faculty board considers recommending a delay in education, it must act IAW paragraph **2.12**. The faculty board may submit a minority report. The faculty board must:

2.16.2.9.1. Base recommendations on a thorough review of the student's educational file and information obtained during board proceedings.

2.16.2.9.2. Support general statements with specific incidents.

2.16.2.9.3. Tab case histories as exhibits to the record and, where feasible, document them with certified copies of pertinent medical records.

2.16.2.10. The chairperson sends the record, including findings and recommendations, through the DME to the medical facility commander. The DME may concur or provide separate recommendations to the commander.

2.17. Medical Facility Commander Action.

2.17.1. Decision. The commander reviews the faculty board records, including findings and recommendations, and makes a decision on the student's case. If the medical facility commander is disqualified from acting in the particular case according to paragraph [2.15.1](#), then the MAJCOM surgeon or MAJCOM surgeon designee serves this function.

2.17.2. The commander notifies the student of an extension decision or of a termination decision in writing.

2.18. Education Assignments and Extensions. AFPC/DPAM controls assignments to and from education programs, including all extensions of programs. AFPC/DPAM is the final authority for all extensions or terminations of education whether voluntary, discretionary, or through official board action.

Chapter 3

ALL CORPS GRADUATE EDUCATION PROGRAMS

Section 3A—Graduate Medical Education Program Directors

3.1. Graduate Medical Education Program Directors. The medical facility commander appoints program directors for Air Force graduate medical education programs. ACGME recognized consortium's procedures should be followed where applicable. Program directors must have board certification in the program specialty and possess qualifications acceptable to the ACGME. Air Force Associate Program Directors of joint and civilian training programs should be managed under this instruction.

3.2. Appointment Procedures. Coordinate appointments with AFMOA/SGHM, relevant specialty consultant and AFPC/DPAM. Consider the following in selecting a program director:

- 3.2.1. Teaching ability and teaching experience
- 3.2.2. Participation in professional associations
- 3.2.3. Level of affiliation within the appropriate specialty society
- 3.2.4. Research contributions
- 3.2.5. Clinical abilities
- 3.2.6. Officership and military experience
- 3.2.7. To assure continuity in educational programs, the minimum tenure of program directors should be the length of the training program plus one year.

3.3. Quality Assurance and Risk Management Responsibilities. To assure quality and maximize patient safety, each program must develop detailed supervision guidelines for trainees. Guidelines should address supervision required for admissions, consultations and daily patient care based on the trainee's year level and/or competence level. Guidelines should also address documentation requirements for trainees and staff physicians and when trainees are expected to communicate with their supervisor. Ultimately, the supervising staff member is responsible for the patient care, and the residents' conduct and performance.

- 3.3.1. Provide residents varied and graduated levels of responsibility based on their abilities while ensuring quality care.
- 3.3.2. Carefully supervise, train, and evaluate the performance of trainees to determine their ability to perform technical and interpretive procedures and to manage patients.
- 3.3.3. Monitor resident work hours and schedules to assure they are compliant with ACGME guidelines.
- 3.3.4. Programs must develop protocols to facilitate clear and effective transfers of patient care.

3.4. Education Plans and Methods. The program director develops and implements a comprehensive education plan.

3.4.1. Creation of an Education Plan. The program director, in cooperation with the chiefs of each service engaged in the education program, develops an education plan. The chiefs of service, or preceptors for resident rotations performed at other facilities under the authority of AFI 41-108, *Training Affiliation Agreement Programs*, should also be included. The education plan lists the goals, objectives and expected outcomes.

3.4.1.1. Creation of a Curriculum. The program director consolidates the education plans into a program curriculum and submits the program curriculum to the DME.

3.4.1.2. Curriculum Review. The program leadership should review the curriculum annually.

3.4.1.3. Content of an Education Plan. Unless the programs accrediting agency specifies otherwise, the Education Plan will include:

3.4.1.3.1. Conferences.

3.4.1.3.2. Bedside teaching.

3.4.1.3.3. Examinations.

3.4.1.3.4. Medical readiness training.

3.4.1.4. Types of Conferences. The accrediting body specifies types and frequency of conferences. Include other conferences as necessary to enhance the curriculum. Consideration should be given to the following conferences:

3.4.1.4.1. Clinical Pathological Conferences.

3.4.1.4.2. Tumor Board Conferences.

3.4.1.4.3. Morbidity and Mortality (or Patient Safety) Conferences.

3.4.1.5. Examinations. Program directors may use their discretion about giving oral or written examinations to evaluate the professional progress of students.

3.4.1.5.1. Self-Assessment Examinations, the various American specialty boards use self-assessment examinations to evaluate the progress of students and programs. Program directors should specify the use of these examinations in the program curriculum. Record and report the costs of these examinations.

3.4.1.5.2. Specialty Board Examinations:

3.4.1.5.2.1. Under the provisions of AFI 41-104, *Professional Board and National Certification Examinations*, the gaining commander may authorize funded TDY, permissive TDY or leave status for graduates taking these examinations.

3.4.1.5.2.2. DMEs ensure budgeting for registration fees associated with these examinations and for funded TDYs when examinations occur prior to graduating from the program.

3.4.1.5.2.3. DMEs ensure recording and report the costs of these examinations.

3.4.1.6. Medical Readiness Training. Residents attending a military program must satisfy the training requirements for residents outlined in AFI 41-106, *Unit Level Management of Medical Readiness Programs*.

3.4.1.6.1. Program directors should consult with their consultants to develop curriculum most beneficial to meet the readiness requirements of the specialty.

3.4.1.6.2. Program directors must specify medical readiness training initiatives in the program curriculum.

3.4.1.6.3. Combat Casualty Care Course (C4). Participation depends on AETC/SG funding and allocation of training quotas at the MAJCOMS.

3.4.1.6.4. Military Stability Operations. Program directors should ensure that curricula prepare students for joint, interagency and coalitions Military Stability Operations IAW DoDI 6000.16 *Military Health Support for Stability Operations*.

3.5. Student Teaching Experience. The ability to teach other health professionals, technicians, and patients is a vital part of the practitioner's future endeavors. Students should be given the opportunity to develop and practice their teaching skills.

3.6. Special Training Facilities.

3.6.1. **Animal Laboratory.** Animal laboratories and supporting facilities may be required for professional training in the basic sciences, surgical procedures, and research. These facilities are to be made available, properly equipped, and staffed IAW AFMAN 40-401 IP, *The Use of Animals in DoD Programs*. Follow the standards of the Department of Health and Human Services.

3.6.2. **Anatomical Laboratory.** Regional dissections as part of training in surgery and surgical specialties should be offered when possible.

3.6.3. **Other Special Facilities.** Provide additional facilities for hemodialysis, metabolic studies, angiocardiology, cardiac catheterization, and pulmonary function studies as required. Coordinate with the identified organ procurement organization regarding organ and tissue procurement and donation.

3.7. Off-Site Clinical Rotations. Graduate programs may include clinical rotations of varying lengths away from the host activity.

3.7.1. Procedures: All anticipated off-site clinical rotations must be described in the program curriculum.

3.7.1.1. Support all off site clinical rotations to civilian facilities with a properly executed training affiliation agreement according to AFI 41-108.

3.7.1.2. Program directors, the DME, and the professional education committee ensure that each off-site clinical rotation complies with the residency committees restrictions on time away from the program.

3.8. Leave and Absences from Training.

3.8.1. Ordinary Leave. The program director and the professional education committee may allow students participating in graduate education programs to take ordinary leave. Recommended leave is usually:

3.8.1.1. Two weeks for 1st year (PG-1) students.

3.8.1.2. Three weeks for 2nd year (PG-2) students.

3.8.1.3. Four weeks for 3rd year (PG-3) and above students. Program directors may approve additional leave if it complies with the accrediting body's requirements on time away from the program.

3.8.2. For guidance on ordinary, emergency, and advance leave, see AFI 36-3003.

3.8.3. Prolonged Absences. When residents take prolonged absences that they cannot make up within the allocated training time, consider either extending their training or withdrawing them from the program.

3.8.3.1. For a prolonged absence or an absence requiring a permanent change of station (PCS) move, the individual must withdraw or resign from the program.

3.8.3.2. When residents are unable to participate in their training program due to medical conditions lasting greater than seven days, the program director should contact DPAME for guidance on how this may impact their ADSC.

3.8.3.3. Individuals who resign from a program may apply to a future GME board. Selection at a future board is not guaranteed and, depends on the availability of training space and training man years as well as other factors.

3.8.3.4. Do not stop any action already in progress to terminate or extend the resident for academic reasons

3.8.4. Other Absences. Residents may take brief absences because of illness or an emergency if they make up the work in a manner satisfactory to the program director and the professional education committee.

3.9. Education Evaluations. Supervisors and/or the program directors evaluate students formally on a regular basis. For formal evaluations, use AF Form 494, **Academic/Clinical Evaluation Report**, and AF Form 475, **Education/Training Report**. Facilities may also periodically assess student progress using locally developed evaluation forms and processes.

3.9.1. AF Form 494. The program director uses this form to evaluate a student's clinical progress and education potential.

3.9.1.1. Do not enter AF Form 494 into the students military personnel record or use it to consider promotion.

3.9.1.2. Complete AF Form 494 for each student at least every six months.

3.9.1.3. File the form in the educational training file at the medical facility (see AFI 44-119).

3.9.2. AF Form 475. The program director submits AF Form 475 for each student who completes the education program or under the conditions prescribed by AFI 36-2406. Use of this form is limited to the master personnel record for selection boards and other personnel actions.

3.9.2.1. Program Directors must review AFI 36-2406 for appropriate language if a trainee fails to complete the course of training.

3.9.2.2. Program Directors must notify appropriate commander in accordance with AFI36-2406 for Referral Training Reports to ensure appropriate referral report procedures are followed. 3.9.3. Periodic Evaluations. Medical facilities may also prepare a periodic evaluation report approved by the professional education committee.

3.9.2.3. The rater discusses the report with the student, who acknowledges it as evidence of the discussion.

3.9.2.3. The program director reviews the report before filing it in the student's education record.

3.9.3. Dental Residency Programs. Program directors do not have to use AF Form 494 to evaluate residents in dental programs held in approved Air Force medical facilities. They should, however, use it for off service rotations.

3.9.3.1. Document resident progress at the local level. You can generally do this by using local forms, periodic documented counseling sessions, and the required comments in the dental education committee minutes.

3.9.3.2. Regardless of the method used, prepare a written evaluation at least every six months and send it to the DME for review and signature. Then file the evaluation in the residents' PAF (see AFI 44-119).

3.9.4. Final Evaluation. The program director prepares a final evaluation on each resident completing, withdrawing, or resigning from the training program.

3.9.4.1. The evaluator:

3.9.4.1.1. Writes a narrative evaluation, or completes either AF Form 494, or a locally approved form.

3.9.4.1.2. Files the evaluation in the student's health education record.

3.9.4.1.3. Sends a copy to AFPC/DPAM within 60 calendar days after the close out date.

3.9.4.2. The final evaluation:

3.9.4.2.1. Establishes the program completion date for ADSC computations.

3.9.4.2.2. States the inclusive dates of training.

3.9.4.3. Becomes the basis for the PCF (see AFI 44-119).

3.10. Attendance of Teaching/Resident Staff at Professional Meetings/Courses.

3.10.1. Teaching Staff. Key officer personnel of the teaching staff may attend more than one professional meeting each year if their attendance serves the unit's education mission.

3.10.2. Resident Trainees. Students may attend professional meetings and courses in the medical teaching facility, or they may attend a part-time course at night, provided that these activities:

3.10.2.1. Are approved by the program director and the DME.

3.10.2.3. Do not interfere with the student's education and do not violate program work hour restrictions.

3.10.3. Temporary Duty. Students who are invited to present papers or exhibits at national civilian professional society meetings, may go on TDY provided the program director and DME approve their attendance and the necessary TDY funds are available (see AFI 51-603). The commander may also approve permissive TDY.

3.10.3.1. Students may attend short courses of instruction that are part of the approved curriculum or when the program director, and DME approve attendance because a unique requirement exists for attendance.

3.10.3.2. Attendance at educational activities must comply with the guidelines and work hour requirements of the relevant Residency Review Committee.

3.11. Types of Graduate Medical Education Programs.

3.11.1. General. Air Force-sponsored graduate medical education programs must apply for ACGME or appropriate program specialty accreditation, when such accreditation exists. ACGME Institutional and Program Specific requirements can be found on the ACGME website (www.acgme.org)

3.11.1.1. ACGME accredited institutions sponsoring graduate medical education programs must maintain substantial compliance with ACGME Institutional Requirements. Each separate residency program must comply with the ACGME Common Program Requirements and the specific program requirements of that specialty.

3.11.1.2. Osteopathic physicians should comply with American Osteopathic Association (AOA) instructions concerning approval of GME. They should advise the AOA of their intent to participate in a military program and determine if that the program meets the requirements of the organizations Advisory Board of Osteopathic Specialties if they wish to have the training recognized by the AOA.

3.11.2. Research. Research is an important aspect of graduate medical education. Students in graduate medical education should be encouraged to perform research projects; present case reports and participate in quality improvement projects under the supervision of qualified faculty.

3.11.2.1. The chief of each service advises students on the choice of projects and plan for completing it.

3.11.2.2. The service chief may delegate supervision of projects.

3.11.2.3. Research done by graduate medical education students in Air Force facilities must be approved by the program director and the facility Institutional Review Board and must be conducted in full compliance with AFI 40-402, Protection of Human Subjects in Biomedical and Behavioral Research.

3.11.2.4. When a project is completed, the supervisor should encourage the responsible student or group to prepare a report for publication in an appropriate professional journal according to AFI 35-101, *Public Affairs Policies and Procedures*.

3.12. Duties and Responsibilities of GME Students.

3.12.1. Each medical facility sponsoring GME programs must outline student responsibilities to incoming residents. (See *ACGME Institutional Requirements*)

3.13. Resident Staff Association.

3.13.1. With the approval of the medical facility commander, residents may form a resident staff association through which they can discuss relevant issues and develop social and recreational programs. A resident staff association in a military medical facility is not a collective bargaining unit or union, and its adopted rules and recommendations must comply with established Air Force policy and directives. The resident staff association:

3.13.1.1. Submits a charter through the DME to the medical facility commander for approval.

3.13.1.2. Elects officers and keeps written minutes of meetings.

3.13.1.3. Submits a copy of each meeting's minutes to the commander, through the DME.

3.13.1.4. May invite the commander, DME, or program directors to attend meetings.

3.14. Dental Education Programs.

3.14.1. Accreditation: Graduate dental education (GDE) programs are accredited by the Commission on Dental Accreditation (CODA) or appropriate program specialty accreditation, when such accreditation exists. Air Force institutions that sponsor GDE must ensure sufficient support for program compliance with all CODA standards.

3.14.2. Structure: Application of GDE activities within the structure of AFI 41-117 may vary based on GDE location and the scope of GDE activities. GDE programs will consult with the DME to define the relationship between GDE and GME.

3.14.3. Policies: GDE programs will model policies such as Due Process, Resident Training Agreements, Supervision Policy, Grievance Policy, etc after existing GME policies within the institution. GDE leadership within the facility, as per prearranged relationship within GME structure, would ensure compliance for dental programs for resident base and facility orientation, resident evaluations, reports, curriculum development, dental professional education committee/function activities, annual program review, maintenance of resident files, and coordination of externships/clerkships/elective rotations. Program Directors or Dental Education administrative leadership provides primary oversight for Dental Education Programs and coordinates attendance of staff and residents at professional meetings/courses.

3.14.4. General. The American Dental Association Commission on Dental Accreditation accredits all American Dental Association recognized Air Force-sponsored dental education programs. The programs include specialty training leading to graduate degrees and specialty board qualifications. Students may serve part of their residencies in accredited civilian institutions.

3.14.5. Residency Programs.

3.14.5.1. Advanced Education in General Dentistry Programs. The Advanced Education in General Dentistry (AEGD) Residency is a postgraduate educational program offering the recent dental graduate advanced professional education. This 52-week program conforms to the standards set forth by the Commission on Dental Accreditation of the American Dental Association. The objective of the program is to produce competent, well rounded Air Force General Dental Officers who can effectively manage the

comprehensive dental health needs of the Air Force community and beneficiaries. Program Directors are selected by the Dental Executive Board and must at minimum; meet specialty board certification requirements as stated in applicable CODA standards as stated in applicable CODA standards. Didactic and clinical training will be provided as each resident gains clinical experience in the disciplines of endodontics, oral surgery, orthodontics, periodontics, prosthodontics, treatment planning, operative, and pediatric dentistry. In addition to these disciplines, forensic dentistry, infection control, preventive dentistry, geriatric dentistry, Advanced Cardiac Life Support, oral pathology, radiology, anxiety and pain control, and physical diagnosis will be emphasized. AEGD residents apply for training prior to entry into active duty, either prior to graduation or within one year of graduation from dental school.

3.14.5.2. Other Dental Residency Programs. The Air Force may sponsor residency training for dental officers in general dentistry, endodontics, prosthodontics, periodontics, orthodontics, pediatric dentistry, oral and maxillofacial surgery, oral pathology, oral and maxillofacial radiology, and dental public health. Additionally, the USAF may periodically sponsor dental officers in fellowship training. Fellowship training includes, but may not be limited to dental materials, radiology, hospital dentistry, maxillofacial prosthetics, maxillofacial reconstruction, facial esthetics, temporomandibular joint surgery, and temporomandibular disorders. USAF needs determine the type and numbers of specialty selections in compliance with current HPERB standards. Program Directors are selected by the Dental Executive Board and must at minimum, meet specialty board certification requirements as stated in applicable CODA standards.

3.14.5.3. AFIT sponsored programs provide training not available at Air Force installations or if the Air Force needs exceed Air Force capabilities. Students may earn a masters degree, if available, provided they could finish formal course work without extending the length of the residency program.

3.14.6. Special Duties and Responsibilities of Senior Residents. Senior residents are in their final year of training. They report directly to the service or section chief and also perform special staff duties. They assume increased responsibility, both in treating patients and instructing and supervising other residents and postgraduate students. The service or section chiefs give them opportunities to work with, organize, and administer other services or sections.

Section 3B—Other Educational Programs

3.15. Medical Service Corps Education Programs:

3.15.1. Masters Degree Programs. The Air Force sponsors selected Medical Service Corps (MSC) officers to obtain masters degrees in programs such as hospital or health care administration, business administration, and information resource management when Air Force requirements exist. Some hospital and health administration programs require officers to serve a residency to fulfill degree requirements. MSC officers may serve in a military or civilian residency. The preceptor, or duly appointed co-preceptor, should have completed a similar course of study and must have a masters degree in the field of hospital or health administration. Programs are offered at Army, Navy, USUHS, or civilian institutions.

3.15.2. Doctoral Programs. Doctoral programs are available for MSC officers when specific needs for particular specialists exist. Education is accomplished at civilian institutions.

3.15.3. Accreditation. MSC officers sponsored by the Air Force may attend only those programs and institutions that are fully accredited by the appropriate national professional accrediting body.

3.15.4. Education with Industry. A ten-month, non-degree program is available for a very small number of MSC officers. Leading companies in the health care industry provide the education. The Air Force places the officer with a participating industry in an internship role to learn its management and organizational strategies and techniques and to develop knowledge and skills that will enhance Air Force health care administration. AFPC/DPAMS solicits applications annually.

3.15.5. Senior Health Policy Fellowship. These ten month non-degree programs prepare MSC officers for future specialized or staff assignments in areas such as medical materiel, health facilities, financial management, planning, or computer science. AFPC/DPAMS solicits applications annually.

3.15.6. MSC Internships/Fellowships. These are ten to twelve month programs conducted at selected Air Force facilities. The internships provide transitional experiences for MSCs entering active duty; fellowships expand the knowledge of experienced MSCs.

3.16. Biomedical Sciences Corps Education Programs.

3.16.1. Graduate Programs. Programs in the various Biomedical Sciences Corps (BSC) disciplines are available at the master, doctoral, and fellowship levels at civilian institutions, Air Force facilities, Army medical centers, USUHS, and other governmental agencies (e.g., Centers for Disease Control and Prevention). These programs prepare officers for positions that require advanced education or training.

3.16.2. Education-with-Industry. The Air Force conducts these 10-month, non-degree programs for BSC officers with civilian industry or with another Federal agency. The objective of this program is to prepare officers for positions requiring improved managerial qualities, technical competence, and a greater understanding of management common to industry and its government counterparts. Programs exist in specialties such as environmental engineering, industrial hygiene, and occupational health.

3.16.3. Internship. The Air Force offers internships at selected Air Force medical facilities in clinical psychology. Program directors must at a minimum be board eligible in their specialty. Board certification is preferred.

3.16.3.1. The clinical psychology internship is a one-year program conducted at selected USAF medical centers. This pre-doctoral program is required for award of the doctorate in clinical psychology leading to licensure and independent practice. It is directed toward enriching the student's basic background in psychology and broadening understanding of human behavior through extensive clinical experience under the supervision of the psychology staff. Students receive a variety of training and experience to include, but not limited to, diagnostic interviewing, individual and group psychotherapies in a variety of settings such as mental health, family advocacy and alcohol/drug abuse prevention and treatment programs.

3.17. Nurse Corps Education Programs.

3.17.1. Graduate Nursing Programs. Degree programs in clinical nurse specialties, nursing administration, nursing education, anesthesia, women's health care nurse practitioner, pediatric nurse practitioner, family nurse practitioner and other areas are available for active duty nurses. The AFIT Healthcare Education Division manages personnel enrolled in programs at civilian institutions, the US Army, US Navy, and USUHS. Doctoral programs are available in various nursing specialties as Nurse Corps (NC) requirements dictate. See Education and Training Course Announcements and the AFPC/DPAMN Education Selection Board announcement letter for eligibility and application procedures.

3.17.2. Nurse Transition Program. This program prepares ROTC/newly accessed graduates and enlisted commissioning program candidates who have a Bachelor of Science in Nursing with less than six months of experience, and are just entering active duty to become professional Air Force NC officers. The Air Force conducts the program at various USAF medical facilities. The preceptor concept is an integral part of the program. The student practices new skills through planned clinical rotations. See ETCA for course description and prerequisites. Apply through AFPC/DPAMN.

3.17.3. Specialty Education Programs. The Air Force offers non-degree courses for active duty nurses to specialize in various clinical nursing arenas. These TDY specialty education courses include unit-based nursing management, executive nursing management, advanced nursing practice, operating room nursing, basic obstetrical nursing, clinical, neonatal intensive care, infection control & epidemiology and nursing staff development. See Education and Training Course Announcements and the AFPC/DPAMN Education Selection Board announcement letter for course descriptions, prerequisites and application procedures.

3.17.4. Nursing Fellowships. The Air Force may offer one or two year fellowships in a variety of military and civilian settings if NC requirements dictate. Fellowships have been offered in the following areas: Medical Manpower; Director, Nursing Services; Nursing Management; Nursing Strategic Planning; Medical Readiness; Health Service Inspection Agency; Managed Health Care; the U.S. Congress; Office of the Air Force Reserve Command (AFRC) and in the Office of the Surgeon General.

3.17.5. Education With Industry Nursing programs. A ten month, non-degree program is available for a very small number of NC officers. Leading companies in the health care industry provide the education. The Air Force places the officer with a participating industry in an internship role to learn its management and organizational strategies and techniques, and to develop knowledge and skills that will enhance Air Force health care operations. AFPC/DPAMN solicits applications as requirements dictate.

3.18. Multi-Corps Education Programs.

3.18.1. A combined selection/screening board will evaluate multi-corps fellowships, and education with industry applications.

3.18.1.1. The top three candidates will be forwarded to the hiring authority for selection.

3.18.1.2. Medical Readiness applicants will be considered for all the Readiness opportunities for which they are eligible.

3.18.2. The combined selection/screening board will consider all applications for multi-corps degree programs.

3.18.2.1. The name of the candidate selected for training will be forwarded to AFIT/CIMJ for placement procedures.

3.18.2.2. Applicant selected must meet the grade requirements and other program prerequisites as identified in the call for candidates message.

3.19. Externships, Clerkships, and Elective Rotations.

3.19.1. Medical facilities may provide externships, clerkships, and elective rotations for AFHPSP, USUHS and medical AFROTC educational delay students at the discretion of the medical facility commander. Civilian students of the health professions attending programs at accredited civilian institutions may also perform externships and clerkships at Air Force facilities, provided that a properly executed affiliation agreement has been approved as required by AFI 41-108, *Training Affiliation Agreement*. The DME coordinates and manages externships, clerkships, and elective rotations.

3.19.2. A training affiliation agreement (TAA) is not required for AFHPSP students on their annual active duty tour (see AFI 41-110). However, if these students attend an Air Force facility as a civilian student, a TAA between the student's training institution and the Air Force facility is required.

3.19.3. Clerkships. A clerkship is a formally organized period of training with a specific curriculum and objectives designed to give the students experience, knowledge, and skills in a specific area. Usually, only students in their third or fourth year of professional training are eligible for clerkships. The clerkship is a highly structured educational experience that enables the staff or faculty to judge the students ability to put learning into practice; take on responsibility; and continue to develop. A clerkship usually receives academic credit from the student's professional school. Clerkships can only occur at training sites and have a properly executed affiliation agreement.

3.19.4. Application Procedures. Students apply to the programs by contacting the DME office at the facility where they desire training. If the students are civilian sponsored through AFIT they must coordinate with AFIT Healthcare Division prior to contacting the AF facility.

3.19.5. Evaluation Reports. The immediate supervisor must prepare an AF Form 494 for students and residents completing an externship, clerkship, or elective rotation at Air Force medical facilities. The Program Director must endorse AF Form 494. Special evaluation forms and reports from the students school must also be completed if required by that institution. The Program Director will send copies of AF Form 494 to AFPC/DPAM and AFIT/CIM.

3.19.6. Student Restrictions. Military students and residents performing externships, clerkships, or elective rotations must be on official orders. Civilian students (or AFHPSP students attending in civilian status) performing clerkships or externships at Air Force medical facilities must do so at no expense to the Government.

Section 3C—Establishment of New Programs and Program Closure

3.20. Need Identification. A USAF organization contemplating establishing a new formal training program (not continuing health education) must first determine whether there is an ongoing AF requirement for such training, whether the facility has the patient population and resources available to provide such training and whether providing such training at an AF facility is in the best interests of the AFMS. In some circumstances, it will be more cost effective to utilize existing civilian programs to provide the training.

3.20.1. MEDNEEDS Study. The facility commander documents the need for a new program by conducting a medical necessity evaluation and economic documentation system (MEDNEEDS) study. The requesting facility should contact AFPC/DPAM for guidance on the recommended format of the MEDNEEDS study. In the study:

3.20.1.1. Evaluate the facility capability.

3.20.1.2. Outline a proposed program curriculum.

3.20.1.3. Estimate the number of faculty and ancillary personnel required.

3.20.1.4. Estimate the number of students to be trained.

3.20.1.5. Review any written documentation on the course (that is, essentials of approved residencies, phase 2 training plan, and so forth) to ensure that the program will adequately meet requirements.

3.20.1.6. Develop a budget for the program, estimating the costs involved in maintaining the program.

3.20.1.7. Outline the anticipated benefits to the Air Force by having such training at this facility.

3.20.2. Formal Approval. Requests for new programs should be reviewed by the DME prior to approval by the facility commander. The facility commander forwards the MEDNEEDS study to AFPC/DPAM who provides additional recommendations to USAF/SG. Once USAF/SG has approved establishment of the program, the facility commander requests formal approval from the appropriate civilian accrediting agency, if the program is an accredited discipline. The DME sends a copy of all correspondence and accreditation application documents to AFPC/DPAM.

3.21. Accreditation.

3.21.1. MC and DC Residency Programs. Apply for accreditation through the Accreditation Council for Graduate Medical Education (ACGME) or American Dental Association (ADA) Commission on Dental Accreditation.

3.21.2. BSC and NC Specialties. Apply for accreditation through the appropriate specialty board or organization.

3.21.3. After provisional accreditation, the program may be initiated or continued. The DME sends a copy of all correspondence with the accrediting agency to AFPC/DPAM. A copy of the letter or certificate of accreditation goes into the annual self-study.

Chapter 4

CONTINUING HEALTH EDUCATION (CHE) PROGRAMS.

Section 4A—General

4.1. General. The Air Force Medical Service is committed to maintaining the professional competence of Air Force officers who provide health care services. Officers are encouraged to continue their professional development through CHE. Every effort should be made to maximize distance learning resources, as well as local resources. All licensed personnel and privileged providers must meet the requirements in IAW AFI 44-119. Non-licensed medical service officers who are affiliated with civilian professional organizations should meet those organizational CHE requirements.

4.2. Goals. The goals of the Air Force CHE program are to:

- 4.2.1. Maintain and enhance professional competence, performance and patient outcomes.
- 4.2.2. Improve the knowledge base.
- 4.2.3. Motivate personnel to excellence.
- 4.2.4. Meet the full spectrum of health care needed for the Air Force mission.
- 4.2.5. Develop new skills and techniques.
- 4.2.6. Eliminate incidents of failure and mitigate risks.
- 4.2.7. Respond to continuing health education needs of healthcare providers.
- 4.2.8. Explore emerging concepts affecting medical practice and healthcare delivery.
- 4.2.9. Provide a system for evaluating and recognizing CHE activities.
- 4.2.10. Employ evidence-based practice and practice-based evidence (CNE).

4.3. Locations. Various schools and medical facilities (deployed locations and home station) conduct CHE program courses that are available for military and civilian personnel.

4.4. Eligibility. Participants in CHE courses must meet the entrance requirements or have the professional qualifications necessary to benefit from the content presented. Participants must also have the required retainability.

4.5. Program Procedures.

- 4.5.1. The CHE program offers courses, conferences, seminars, practicums, and lectures. Headquarters, major commands, schools, medical facilities, or other units of the Air Force Medical Service may develop and conduct activities locally as long as requirements of this instruction and the accrediting agency are followed.
- 4.5.2. AFPC/DPAM supervises CHE (Continuing Medical Education for physicians and Continuing Nursing Education) to ensure that its programs meet certification requirements.
- 4.5.3. The unit developing and providing the educational activity maintains records (electronic or hardcopy) in a secure location for 6 years, or as required by the accrediting agency.

4.5.4. Military Treatment Facilities (MTF) Education and Training Offices are responsible to assist in planning and submission of all Air Force Continuing Medical Education (CME) and Continuing Nursing Education (CNE) applications to AFPC/DPAME/N.

4.6. Individual Requirements for CHE. Every member of the USAF Medical Service, except officers enrolled in an approved graduate medical education, graduate dental education, or other education program listed in this instruction, must meet the CHE requirements listed below.

4.6.1. Medical Corps. Officers must meet or exceed the CME standards of the American Medical Association (AMA), American Osteopathic Association (AOA), individual American specialty boards, or other certifying agencies, whichever is applicable. Officers are required to obtain adequate CME to maintain current licensure and, if applicable, board certification. The MC accepts two categories of educational activities for its continuing education program. See AF AFPC/DPAME web site (<http://airforcemedicine.afms.mil/afphysiciancme>) for details and instructions on acceptable educational activities and approval procedures.

4.6.1.1. Osteopathic physicians may use the standards of the AOA.

4.6.1.2. Physicians in specialties with CME requirements (for example family practice, obstetrics and gynecology) must comply with the specialty requirement or the AMA standard; whichever is higher. All physicians should complete a minimum of 60 Category 1 CME hours every three years based upon the fiscal year.

4.6.2. Dental Corps. Officers should complete 90 hours of continuing professional education every three years. Continuing professional education activities recognized by the ADA; the ADAs component societies, specialty boards, or organizations; or the Academy of General Dentistry (AGD) are acceptable. The ADA Continuing Education Recognition Program (CERP) designates the USAF Dental Service as a nationally recognized provider. The AGD recognizes continuing education under the direction of the dental squadron commander or equivalent and needs no further approval.

4.6.3. Biomedical Sciences Corps (includes all 42X and 43X AFSCs). For these allied health specialties Continuing Health Education (CHE) or Continuing Medical Education (CME) credit is defined as training required by a particular licensing or national certifying body. Officers must complete the minimum CHE or CME requirements required to meet or maintain licensure or certification credentials for their specialty. BSC officers who do not have a licensure or certification requirement must complete 20 CHE (any category) each year.

4.6.3.1. The minimum yearly number and appropriate category of CHE hours or Continuing Education Units (CEUs) as required to meet or maintain a state license/ board certification/credentials for their specialty (or see next item below).

4.6.3.2. Twenty CHE (any category) each year if there is no licensure/certification requirement.

4.6.4. Nurse Corps.

4.6.4.1. Nurse Corps officers must complete at least 60 approved contact hours of continuing nursing education or directly related to their nursing practice every three years. All educational activities presented by agencies accredited by the American Nurses Credentialing Center Commission on Accreditation (ANCC COA) are acceptable.

4.6.4.2. In addition, the NC accepts four categories of educational activities through its continuing education recognition program. See AFPC/DPAMN website (<https://kx.afms.mil/afnurseeducation>) for descriptions of acceptable educational activities and approval procedures.

4.6.4.3. Nurse officers document their education on AF Form 2665, **Air Force Continuing Education Summary**, which is maintained as directed in AFI 44-119. This form must be kept current and present for review or inspection as required. If privileged providers elect to use AF Form 2665 in their provider credentials file instead of AF Form 1541, **Credentials Continuing Health Education Training Record**, it remains a permanent part of the credentials file (see AFI 44-119 for further information).

4.6.4.4. Medical Treatment Facilities seeking approval as an approved provider of nursing continuing education must seek their providership status through the Air Force Nurse Corps approval unit. The Nurse Corps is accredited as an Approver of Continuing Nursing Education through the ANCC. All prescribed forms (or equivalent web product) under the *Continuing Education Approval and Recognition Program (CEARP)* and *AFPC/DPAME Continuing Medical Education for Physicians Guidebook* must be used.

4.6.5. Medical Service Corps officers are strongly encouraged to affiliate with one of the approved MSC board certifying professional organizations. As such, they must comply with the continuing education requirements of that professional organization with which they are affiliated.

4.7. Air Force Reserve and Air National Guard Medical Service Personnel. AFRC/SG and NGB/SG provide guidance on these programs.

4.7.1. Officers must fulfill the above requirements according to their corps and their directives.

4.7.1.1. If not affiliated with a professional organization, Air Force Reserve and Air National Guard Medical Service Corps officers must complete 30 hours of continuing education every three years. The continuing education activities may be designated as either Category I or Category II

4.7.1.2. All officers of the Air Reserve components (ARC), Air National Guard, and United States Air Force Reserve Category A medical programs must document attendance and completion of CHE on AF Form 1541.

4.7.1.2.1. Officers must ensure the topics and skills identified as CHE are applicable to duties to be performed in the active duty environment.

4.7.1.2.2. All medical IMAs will maintain credentials and CHE completion at the Unit of Attachment. Procedures should mirror the AD process.

4.7.1.3. The commander or designated representative reviews this form in January of each year.

4.8. Civilian Personnel. Civil Service personnel are required to meet the same number of CHE hours as prescribed for active duty military personnel in the same Air Force Specialty Code (AFSC). Contract personnel refer to your individual contract.

4.9. Education Credit. All medical courses listed in Education and Training Course Announcements (ETCA) (<https://etca.randolph.af.mil/default1.asp>) are eligible for Category 1 continuing education credit. Program directors for medical courses eligible for ANCC or Category 1 credit from ACCME should apply for credit to their appropriate corps education officer.

4.10. Commander Responsibility. Air Force commanders help personnel to meet their individual CHE requirements within the restraints of current resources. Commanders may, if funds and staffing permit, allow medical service personnel to attend an approved CHE program in a funded status on temporary duty. Individuals approved for locally funded TDY should have one year of retainability in the Medical Service. Commanders may approve individuals with less than one year retainability if attendance serves the best interest of the organization and the Air Force. In the absence of Air Force funds to sponsor a member for attendance at an approved CHE activity, the commander may allow the individual to attend such programs in a permissive TDY status (IAW AFI 36-3003).

4.11. Personnel Responsibilities. Members of the Air Force Medical Service and Civil Service Personnel must keep an accurate and current record of all CHE activities for licensure, recertification, and credentialing. The absence of Air Force funds for sponsored attendance does not excuse the individual from achieving CHE requirements, meeting the requirements for continued licensure, or meeting the minimum requirements of the AFSC or Civilian Position Description.

4.12. Sources of CHE. Members wanting to participate in CHE activities can turn to a number of sources. However, officers are only authorized one funded TDY (funded from any source) each fiscal year, pending funding availability. Requests for multiple TDYs in one fiscal year should be considered on a case by case basis. CHE courses may include: AFIT sponsored civilian institution offered educational courses or formal Air Force courses as described in ETCA and special programs developed and presented by USAF, MAJCOMs, or combined Air Force and DoD agencies or organizations.

4.13. Locally Developed Programs. CHE programs must be based on the facilities learning needs identified from an effective needs assessment.

4.14. Programs Developed Outside the Air Force. Programs and tests distributed by accredited national professional organizations should be considered bona fide CHE activities. Commanders may use local operations and maintenance funds to purchase self-assessment tests and materials for eligible members.

4.15. Locally Funded TDY. Commanders may use operations and maintenance funds to finance attendance at approved CHE programs offered by civilian institutions and agencies.

4.15.1. Use funds for this purpose only if such programs serve the best interest of the Air Force.

4.15.2. An accrediting national professional organization should be selected and the course should award participants at least six hours of continuing education credit per day.

4.15.3. Individuals approved for locally funded TDY must have the required retainability in the Medical Service. (IAW AFI 36-3003).

4.15.4. Attendance in ANG funded status in military and non-military CHE activities may be accomplished utilizing annual training days, or with prior approval by the Commander, locally managed workdays (special training, etc.). The costs for TDY, per diem, and transportation must come from local resources. Membership in the sponsored professional organization is strongly recommended for attendance in duty status. The subject material presented at the training activity should be directly related to the ANG members duty AFSC or to other officially designated duties.

4.16. Permissive TDY. An individual may attend a military or civilian-sponsored CHE program in permissive TDY status, provided CHE credit is awarded. They must pay for their own travel expenses, registration fees, tuition, and other expenses.

4.16.1. The local medical facility commander may approve permissive TDY of fewer than 30 days for CHE, depending on the needs of the facility. Do not approve permissive TDY in conjunction with a PCS to enter an AFIT sponsored graduate education program if the courses are a required part of the curriculum of the training program the officer is about to enter.

4.16.2. The MAJCOM is responsible for approving permissive TDYs of 30 to 90 days.

4.16.3. The MAJCOM recommends permissive TDYs of more than 90 days; AFPC/DPAM is responsible for approval.

4.17. Application Procedures.

4.17.1. Apply for locally funded or permissive TDYs for CHE through the Director of Medical Education (DME) or squadron commander unless local policy specifies otherwise. Apply for AFIT-funded civilian short courses or formal courses according to Education and Training Course Announcements.

4.17.2. Eligibility. Individuals approved for an AFIT-sponsored, Air Force or DoD centrally funded TDY must have one-year retainability. Commanders must ensure that individuals have retainability before funding the TDY.

4.17.3. Eligibility for AFIT-funded CHE courses additionally require that the member is not currently enrolled in formal education (AF residency, AFIT residency etc). Personnel enrolled in AFIT-sponsored programs are not eligible to attend funded CHE programs while enrolled in training.

Section 4B—Continuing Health Education (CHE) Programs.

4.18. Continuing Health Education (CHE) Programs. CHE programs at Air Force medical facilities, schools, and other medical activities should provide acceptable CHE credit for attendees. Acceptable CHE credit may be certified for programs that are accredited or approved. Organizations may apply for program credit or approval directly through AFPC/DPAME for Medical Corps officers and AFPC/DPAMN for Nurse Corps officers. The USAF Dental Corps

is an approved CHE provider by the American Dental Association Continuing Education Recognition Program (ADA CERP). Dental Treatment Facilities may apply for program credit directly through the 59th Dental Group, Education Department, who maintains accreditation oversight for the Air Force Dental Service.

4.19. Direct Application. Facility and organization program planners may apply for CME and CNE directly to AFPC/DPAME/N, Military Training Network (MTN), national or state agency authorized to approve or accredit CHE programs. Nurse planners must receive approved provider status through AFPC/DPAMN.

4.19.1. Programs submitted for approval or accreditation by civilian agencies must meet the published standards of that agency. Use local operations and maintenance funds to finance fees and other costs. Some agencies do not approve individual programs but accredit the institution to offer programs for approved credit.

4.19.2. Individual medical facilities may seek authority (through the agency) to approve their own programs.

4.20. Application to AFPC/DPAM.

4.20.1. The Office of the Surgeon General, United States Air Force is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. AFPC/DPAME manages the program and approves USAF Medical Service programs qualifying for *AMA PRA Category 1 Credits™*.

4.20.2. The United States Air Force Nurse Corps is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's COA.

4.20.3. Only those programs, which satisfy the Essential Areas and Policies of the ACCME or the ANCC COA, can be approved.

4.20.4. Other professional organizations and disciplines may accept USAF Category 1 credit through their individual acceptance procedures. Individuals must learn the criteria and procedures by which their national or state professional organization accepts such credits.

4.20.5. The *Continuing Education Approval and Recognition Program (CEARP)* and *AFPC/DPAME Continuing Medical Education for Physicians Guidebook*, specifies approval and recognition procedures and appropriate forms (or web-based equivalent) for continuing education activities and can be obtained from AFPC/DPAM.

4.21. Developing a CHE Program.

4.21.1. Planning. Organizations conducting CHE programs for certification must abide by the standards and essentials developed by the appropriate accrediting body.

4.21.1.1. Document needs assessment with data source verification. Incorporate into the activity the educational needs based on the professional practice gaps of the learners.

4.21.1.2. Specify the learning goal (purpose) and explicit measurable educational objectives that are appropriate for the target audience.

4.21.1.3. Identify the target audience, and the method for verifying participation in an activity.

4.21.1.4. Specify the instructional context and expected learning outcomes in terms of knowledge, skills and attitudes. Determine if local faculty is qualified to accomplish the programs purpose.

4.21.1.5. Make the objectives, content, disclosures and method of learning known to the participants prior to their attendance.

4.21.1.6. Design and implement the program to meet organizational objectives as well as the participant's knowledge levels, professional experience, and preferred learning methods.

4.21.1.7. Use and document specific planning procedures to include selection of topics, speakers and faculty.

4.21.1.8. Regularly evaluate the effectiveness of each program, documenting the results and using them to plan subsequent CHE programs.

4.21.1.9. Utilize competent faculty and use appropriate facilities that are compliant with Americans with Disabilities Act (ADA). If not ADA compliant, indicate in the application how the needs of the attendees will be met.

4.21.1.10. Record and verify attendance and number of credit hours of all participants.

4.21.1.11. Following the course presentation, send all course summary documents to AFPC/DPAM using the instructions set forth in the Guidelines for Air force Medical Service Continuing Health Education.

4.22. Management.

4.22.1. AFPC/DPAMN/E. Supervises the USAF CHE program.

4.22.2. CHE Program Director. The medical facility commander appoints a responsible person to administer the program locally. The program director develops the CHE program according to this instruction and coordinating with AFPC/DPAMN/E.

4.22.2.1. The commander may also designate a program committee to help the program director.

4.22.2.2. The program director develops the program based upon the instructions in the CHE guidelines, which can be obtained from AFPC/DPAMN/E.

4.22.2.3. The CE Program Director is responsible for verifying that the content of each approved course is valid and has scientific merit. All relationships, commercial support and/or possible conflicts of interest must be properly recorded, resolved and disclosed to the attendees prior to the start of activity.

4.23. Commercial Support & Financial support of CHE Courses. All commercial sponsorship of CHE courses must abide by the standards and requirements as stated in AFI 51-601, *Gifts to the Department of the Air Force*. AFPC/DPAME or AFPC/DPAMN must be contacted to determine all needed requirements and documentation.

4.23.1. Documentation is required for a CHE course that is commercially sponsored in order to receive approval. This is to ensure that the quality and scientific integrity of all CHE activities are maintained. If the activity is commercially sponsored, all agreements must be routed through a nonprofit organization as stated in Title 10, United States Code (U.S.C.),

Section 2113. Those that are available are: Henry M. Jackson Foundation and the Geneva Foundation.

4.23.2. All planners/speakers/faculty that have control of activity content must disclose potential conflicts of interest. Any presenter-commercial supporter and/or presenter-product relationship must be declared. This disclosure must occur prior to the activity start. Documentation is required in accordance with, the **Air Force Continuing Medical Education and the Air Force Nurse Corps Continuing Nursing Education and Recognition Program**. Compliance is documented by the course planner within the application materials. The after action report should address how supervision of the presenter was maintained to ensure an unbiased presentation.

4.24. CHE Responsibilities. Other officers, in addition to the CHE program director, may develop CHE programs at a medical facility.

4.24.1. The director of hospital or clinical services develops and conducts CHE programs at Air Force medical facilities for medical personnel. Another medical officer may be delegated this responsibility.

4.24.2. The chief nurse develops and conducts CHE programs for nursing services personnel. The staff development officer may be delegated this responsibility.

4.24.3. The Chief of Dental Services or the Dental Squadron Commander develops and conducts CHE programs for dental personnel. Another dental officer may be delegated this responsibility.

4.24.4. The Senior MSC Officer develops and conducts CHE programs for MSC officers. Another MSC officer may be delegated this responsibility.

4.24.5. The Senior BSC Officer of each discipline develops and conducts CHE programs for BSC officers not assigned to professional services. Another BSC officer may be delegated this responsibility.

Chapter 5

MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM IMPLEMENTATION OF DOD INSTRUCTION 6000.15, JOINT MEDICAL EXECUTIVE SKILL DEVELOPMENT PROGRAM

Section 5A—Policy.

5.1. Policy. In 1996, the service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA) jointly formulated a core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staffs.

Section 5B—Implementation

5.2. The Joint Medical Executive Skill Development Group (JMESD). The JMESD develops policy guidance, provides oversight of policy implementation and recommends necessary resource allocations to ensure that prospective MTF commanders, lead agents, and lead agent candidates demonstrate the required professional administrative skills.

5.3. Competency Validation. The AFMS prepares officers to be MTF commanders and lead agents through a progressive series of career enhancing duty assignments and educational experiences in an effort to develop leadership skills and professional competencies (see Core Competencies: <https://imesi.army.mil>). The AFMS will ensure compliance using three validation pathways:

- 5.3.1. Completion of military or civilian courses.
- 5.3.2. Experience or duty assignment.
- 5.3.3. External civilian certification.

5.4. Air Force Central Screening Board. The Air Force Command Screening Board (CSB), the colonel assignment match process, and the competency validation plan ensure that officers selected for command of MTFs or as TRICARE Lead Agents demonstrate executive skill competency. The Medical Squadron Screening Board (MSSB) is modeled after the CSB process and is designed to identify individuals competent to command at an intermediate level as a squadron commander.

CHARLES B.GREEN, Lt General, USAF, MC, CFS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFI 36-2107, *Active Duty Service Commitments*, 22 April 2005 (under revision)

AFI 36-2110, *Assignments*, 22 September 2009

AFI 36-3003, *Military Leave Program*, 26 October 2009

AFI 36-3206, *Administrative Discharge Procedure*, 9 June 2004

AFI 36-3209, *Separation and Retirement Procedures for Air National Guard and Air Force Reserve Members*, 14 April 2005

AFI 41-105, *Medical Training Programs*, 9 November 2010

AFI 41-106, *Unit Level Management of Medical Readiness Programs*, 14 April 2008

AFI 41-108, *Training Affiliation Agreement*, 4 May 2011

AFI 41-110, *Medical Health Professions Scholarship Program*, 23 August 2004

AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*, 1 August 1999

AFI 44-119, *Medical Quality Operations*, 24 September 2007

AFI 51-602, *Boards of Officers*, 2 March 1994

AFPD 35-1, *Public Affairs Management*, 17 September 1999

AFPD 41-1, *Health Care Programs and Resources*, 15 April 1994

System of Record Notices F035 AF MP K and F160 AF SG B Title 10, U.S.C., Sections 133, 2112, 8013 and 8032 Title 10, U.S .C., Section 1102 Title 50, U.S.C., Section 454

Prescribed Forms

AF Form 2665, Air Force Nurse Corps Education Summary

Adopted Forms

AF IMT 847, Recommendation for Change of Publication

Abbreviations and Acronyms

ACCME—Accreditation Council for Continuing Medical Education

ACGME—Accreditation Council for Graduate Medical Education

ADA—American Dental Association

ADC—Area Defense Council

ADSC—Active Duty Service Commitment

AETC—Air Education and Training Command

AFHPS/FAP—Armed Forces Health Professions Scholarship and Financial Assistance Programs

AFIT—Air Force Institute of Technology

AFRC—Air Force Reserve Command

AFRC/SG—Air Force Reserve Command Surgeon

AFROTC—Air Force Reserve Officer Training Corps

AFSC—Air Force Specialty Code

AGD—Academy of General Dentistry

AMA—American Medical Association

ANG—Air National Guard

ANG/SG—The Air Surgeon

AOA—American Osteopathic Association

ARPC—Air Reserve Personnel Center

ARPC/SG—Air Reserve Personnel Center Surgeon

ARS—Air Reserve Squadron

BCMR—Board for Correction of Military Records

COT—Commissioned Officer Training

C4—Combat Casualty Care Course

CEARP—Continuing Education Approval and Recognition Program

CERP—Continuing Education Recognition Program

CHE—Continuing Health Education

CME—Continuing Medical Education

CODA—Commission on Dental Education

DME—Director of Medical Education

DoD—Department of Defense

ETCA—Education and Training Course Announcements

FAP—Financial Assistance Program

HPSP—Health Professions Scholarship Program

HSC—Human Systems Center

GDE—Graduate Dental Education

GME—Graduate Medical Education

GPE—Graduate Professional Education

HPERB—Health Professionals Education Requirements Board

IFB—Integrated Forecast Board

ITO—Invitational Travel Orders

MAJCOM—Major Command

MED—ED—Medical Education Program Document

MEDNEEDS—Medical Necessity Evaluation and Economic Documentation System

MPF—Military Personnel Flight

NGB/SG—National Guard Bureau Surgeon General

NGB—National Guard Bureau

OASD(HA)—Office of Assistant Secretary of Defense for Health Affairs

PAF—Provider Activity File

PCF—Provider Credentials File

PCS—Permanent Change of Station

PDS—Personnel Data System

PRA—Physician’s Recognition Award

RD—Registered Dietitian

TDY—Temporary Duty Assignment

TMS—Training Management System

UCMJ—Uniformed Code of Military Justice

UIF—Unfavorable Information File

USAFR—United States Air Force Reserve

USAFSAM—United States Air Force School of Aerospace Medicine

USUHS—Uniformed Services University of Health Sciences

Attachment 2**SAMPLE FIELD EVALUATION**

- A2.1.** Are you currently assigned to a position in the AFSC in which you were trained?
- A2.2.** Does your job require any skills or knowledge that your education program did not cover?
- A2.3.** How well did the program prepare you for your duty requirements?
- A2.4.** If you thought the program was marginal or unsatisfactory, please explain why.
- A2.5.** Were you prepared to accomplish the following duties? (Depending on specialty program and curriculum)
- A2.6.** Did you receive training that equips you to do your wartime job?
- A2.7.** Did you receive training in disaster preparedness, including triage and team training?
- A2.8.** Suggest ways to improve your training program.

Attachment 3

**SAMPLE NOTIFICATION OF RECOMMENDATION FOR
EXTENSION IN COMPLETION OR TERMINATION OF EDUCATION**

(date)

MEMORANDUM FOR (NAME AND GRADE)

FROM:

SUBJECT: Notice of Recommendation for Termination of (or Extension of) Education Status

1. I am recommending that you be terminated (or other action involving extension) from education status as a (describe student status and program). The reasons for my recommendation are (state specifically the grounds and deficiencies involved).
2. You have the right, upon request, to have a faculty board conduct a hearing to review this recommendation concerning your education status. The hearing procedures and your hearing rights are outlined in AFI 41-117.
3. To have this hearing, you must submit a written request for a hearing to the undersigned within 10 days of the date you receive this notification. If you fail to make the request within that time, or if you fail to appear at a hearing so requested, you waive your rights to the hearing.

(Signature)
(typed name and grade)
Director of Medical Education

1st Ind, (student)

(date)

TO: Director of Medical Education

Receipt acknowledged. I understand that I have 10 days to request a hearing, if I elect to do so, according to AFI 41-117.

(Signature of Student)
(typed name and grade)

Attachment 4**SAMPLE NOTIFICATION OF FACULTY BOARD**

(date)

MEMORANDUM FOR (name and grade of student)

FROM: DME

SUBJECT: Notification of Faculty Board

A faculty board will conduct a review of the decision to (extend or terminate) your status as a student in the (name of educational) program.

1. This review will be at (hour), on (date), at (location). You will have the opportunity to present information to the board, call witnesses in your behalf and to question witnesses called by the board. You must arrange for the presence of any witness you wish to call. The board currently expects to call these witnesses: (list witnesses).

2. If you fail to appear at the hearing, you waive the options set out in paragraph 3.

3. The chairperson of the faculty board may change the time and place of the hearing upon your written request, if the request is based on good cause.

(Signature)

(Typed name and grade)

Director of Medical Education

1st Ind, (student)

TO: DME Receipt Acknowledged.

(Signature)

(typed name and grade)

Attachment 5

SAMPLE DECISION BY MEDICAL FACILITY COMMANDER

(date)

MEMORANDUM FOR (Name and Grade of Student)

FROM: Medical Facility Commander

SUBJECT: Facility Board on (Student's Name)

Having fully reviewed the record of the subject faculty board, I direct that (set out the decision in detail).

(Signature)
(typed name and grade)
Commander

1st Ind, (student)

(date)

TO: Medical Facility Commander Receipt acknowledged.

(Signature)
(typed name and grade)